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ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2016

TUFTS HEALTH PLAN

♦ ♦ ♦(6% increase in rates from 2015) ♦ ♦ ♦

<u>Plan</u>	Total Annual <u>Plan Cost</u>	Cobra Plan <u>Monthly*</u>	Employee <u>Monthly</u>	Employee <u>Bi-Weekly</u>	Employee <u>Weekly</u>
PPO Ind.	\$10,904.41	\$926.90	\$363.48	\$167.76	\$83.88
PPO Fam.	\$28,581.69	\$2,429.48	\$952.74	\$439.72	\$219.86
EPO Ind.	\$9,361.25	\$795.72	\$234.04	\$108.01	\$54.01
EPO Fam.	\$24,460.62	\$2,079.15	\$611.52	\$282.24	\$141.12
Senior Plan (with Medicare A&B)			\$125.50 ●		

• Once retired and eligible for Medicare A&B, you should enroll in it immediately.

Out-Of-Pocket Charges:

Office Visit Co-Pay \$15.00

Prescription Drug Benefit \$10.00 / \$20.00 / \$35.00

Emergency Room Visit \$75.00

Outpatient / Inpatient \$150.00 / \$250.00

(\$500 individual / \$1,000 family max.)

DELTA DENTAL PREMIER PLAN

♦ ♦ ♦(2% increase in rates from 2015) ♦ ♦ ♦

<u>Plan</u>	Total Annual Plan Cost	Cobra Plan <u>Monthly*</u>	Employee <u>Monthly</u>	Employee <u>Bi-Weekly</u>	Employee <u>Weekly</u>
Individual	\$539.46	\$45.86	\$22.48	\$10.38	\$5.19
Family	\$1,540.37	\$130.93	\$64.18	\$29.63	\$14.81